

QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: C

Marital Status (S M W D)

Address Columbus, Ohio

Sex Male

Age 32 Occupation Chemist

Date August 21, 1959

Height (in.) 71-1/2 Weight 160

1. Do you smoke? _____

Yes X No _____

2. Have you ever smoked? _____

Yes X No _____

If yes, what type, quantity and duration of smoking? _____

Filter, pack a day, 14 years

3. Do you now have a respiratory illness?

(cold, bronchitis, flu, virus, etc.)

Yes X No _____

4. Have you recently had a respiratory illness?

Yes _____ No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza	_____	<u>X</u>	Heart Disease	_____	<u>X</u>
Pneumonia	_____	<u>X</u>	Cough	_____	<u>X</u>
Sinusitis	_____	<u>X</u>	Expectoration	_____	<u>X</u>
Asthma	_____	<u>X</u>	Wheezing	_____	<u>X</u>
Tuberculosis	_____	<u>X</u>	Shortness of Breath	_____	<u>X</u>
Other Respiratory Disease	_____		Chest Pain	_____	<u>X</u>

Explain yes answers:

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